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Letters to the Editor ...

Catholic Physicians' Guild

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Letters to the Editor . . .

To the Editor,

As a regular contributor and consultant to *The Linacre Quarterly*, I wish to publicly express my chagrin at reading the "minority report" incorporated into the Catholic Physicians' Guilds' resolution of support of the American Bishops in their approval of the revised Ethical and Religious Directives for Catholic Health Facilities.

Although it was not explicitly stated, many readers have understood that the areas of so-called reasonable dissent are primarily the directives relating to contraception and contraceptive sterilization (which indeed, in the Directives are mainly quotations from the encyclical "*Humanae Vitae*").

Granted that today "reasonable dissent" is a somewhat elusive concept, when it pretends to take the form of a public statement by a group of Catholic physicians that they refuse to accept the teaching of the Roman Pontiff—a teaching re-affirmed by the Bishops of the world and totally in accord with the Decrees of the Second Vatican Council, we have a situation which no valid concept of reasonable dissent can justify. Readers may do their own theological research in authors that have been sometimes quoted to defend reasonable dissent, and they will find no defense of this kind of conduct. (Lerch, J.R., *New Catholic Encyclopedia*, vol. 13, pp. 959-965; Van Noort, G., *Dogmatic Theology*, vol. 3, trans. & rev. by John Castellet and William Murphy, Newman Press, 1961; Salaverri, I., *De Ecclesia Christi*, BAC S. Theol. Summa, Madrid, 1962, pp. 696-705; etc., etc.)

This incident of what I believe is real theological scandal (i.e., a statement which, coming from professional men, is bound to weaken and undermine the faith of many sincere Catholics) is a shattering blow to the leadership potential of the Catholic Physicians' Guilds.

Very sincerely yours,

Thomas J. O'Donnell, S.J.
Clinton, North Carolina

(Editor's Note: Father O'Donnell's criticisms were referred to Dr. Charles W. Pfister, NFPCG president, for reply.)

To the Editor:

The idea of legitimate dissent from Church teaching based on informed conscience is a device to improve understanding. The dissent being discussed was in no sense a protest or a minority report, but was intended as an opening, and recommendation for discussions, conferences and seminars between physicians and the Hierarchy. In this way input from those most knowledgeable of new developments in medicine could be a valuable adjunct in continuing and future deliberations.

In the light of these facts I fail to see how the dissent expressed in our resolution, which actually commended and offered assistance to the Bishops, could be construed as scandal.

Charles W. Pfister, M.D.
NFPCG President

To the Editor:

I have just read the McCormick and Reich commentaries on the Code. Is there a plan to balance these views with other Theological opinions? The current impression left is that of a unanimous theological dissent which would be unfortunate if allowed to remain.

Congratulations on the continued high quality of *Linacre*.

Eugene F. Diamond, M.D.
Professor of Pediatrics
Loyola University
Stritch School of Medicine

Editor's note: A number of theologians of varying points of view have been asked to comment on the revised Code for Linacre.

To the Editor:

It is good to see the February 1972 *Linacre Quarterly* which sustains the journal's tradition of excellence. Also good to get the twenty copies for use in the Theology 198 seminars at Boston College... Enclosed is a copy of the seminar program for next semester for your interest...

Eugene G. Laforet, M.D.
Assistant Clinical Professor
of Surgery, Boston University
School of Medicine;
Alumni Lecturer,
Department of Theology,
Boston College

Editor's note: The national federation has assumed the cost of supplying copies of Linacre Quarterly for students in medical ethics seminars at Boston College and Georgetown University.

To Dr. John J. Brennan:

This is just a short note of congratulations on your excellent address reprinted in the February *Linacre Quarterly*. You have pointed out well the necessity of following the Church's teaching and, significantly, the realistic possibility of following them.

With warmest regards.

Sincerely,
Charles E. Rice
Professor of Law
Notre Dame Law School

Letter from New Zealand . . .

This year the internal stresses within the Church seem to be resolving themselves. There has been a handful of defections among the clergy and religious, and we have experienced the now almost farcical priest-marries-nun drama, but the historic steadiness, truth and prudence of holy mother Church are once again reasserting themselves. Mass attendance probably averages about 50%, but among those who do go about 90% receive Holy Communion, and Confession seems to be regaining its lost status. For the crisis of faith in the modern world the Rosary brings to mind daily the great events in our Christian heritage. For car-immured doctors this is the ideal prayer.

As in other countries there has been a vasectomy explosion. In this city two years ago there might have been 10 operations, but during the past year there were about 2,400. About 25% of the wives in postnatal wards are being sterilized. This under-populated country of 2.8 million cannot afford such a loss of fertility. The birth rate has slowly fallen to 21.4, but this year it shows signs of recovering.

Those who rejected the encyclical *Humanae Vitae* must surely see by now that contraception-sterilization-abortion is a philosophical package deal, and it is impossible to select one respectable part of it without being landed with the lot. The Pope showed more insight than many of his expert advisers.

Legalized abortion has not yet been introduced into Parliament, and we hope that the impressive support given to the Society for the Protection of the Unborn Child (17,000 members) will convince the government that a large number of good people do not want

this barbaric practice. They have been appalled by the experience of London and New York where abortion has become a national disgrace.

Partly for information and partly to force a policy statement from our local Hospital Board, I had a letter to the Editor in the *British Medical Journal* of May 22, asking if it was a fact that young doctors cannot be accepted for training posts in obstetric and gynecological hospitals unless they agree to participate in the abortion program. There is no doubt that this is the actual situation in the majority of hospitals, and as a result the training prospects for those who adhere to the traditional Judaeo-Christian morality are poor indeed. It will therefore be important in the future for Catholic hospitals to foster large OB-GYN departments of high academic standard if our young men are not to be forced out of this specialty. In Britain at least, the only obstetricians to serve the patients of the future will be in effect abortionists.

After a bad year our economic situation is recovering rapidly, possibly as a result of the recent realignment of major world currencies. We are sympathetic to American colleagues in their country's dollar devaluation which has been forced on it by the current unpopular war of attrition and by too generous aid to many ungrateful countries. They can be assured of a welcome in this hospitable country which they once helped to defend.

H. P. Dunn,
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